

Exhibit “S”

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697



John B. Scott
Secretary of State

Office of the Secretary of State

The undersigned, as Secretary of State of Texas, does hereby certify that the attached is a true and correct copy of each document on file in this office as described below:

AZ & Hiba Entertainment, Inc.
Filing Number: 803117130

Certificate of Formation
Certificate of Assumed Business Name
Public Information Report (PIR)
Public Information Report (PIR)
Public Information Report (PIR)

September 13, 2018
October 24, 2018
December 31, 2019
December 31, 2019
December 31, 2019

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on December 10, 2021.



A handwritten signature of John B. Scott, consisting of a stylized 'J' and 'S'.

John B. Scott
Secretary of State

From: Tareq Saleh

Fax: (214) 221-3773

To:

Fax: (512) 463-5709

Page 3 of 4 10/24/2018 11:57 AM

Form 503
(Revised 09/13)

Return in duplicate to:
Secretary of State
P.O. Box 13697
Austin, TX 78711-3697
512 463-5555
FAX: 512 463-5709
Filing Fee: \$25



Assumed Name Certificate

This space reserved for office use.

FILED
In the Office of the
Secretary of State of Texas

OCT 24 2018

Corporations Section

Assumed Name

1. The assumed name under which the business or professional service is, or is to be, conducted or rendered is: HIBA ENTERTAINMENT USA

Entity Information

2. The legal name of the entity filing the assumed name is:

AZ & HIBA ENTERTAINMENT, INC.

State the name of the entity as currently shown in the records of the secretary of state or on its organizational documents, if not filed with the secretary of state.

3. The entity filing the assumed name is a: (Select the appropriate entity type below.)

- | | |
|--|--|
| <input checked="" type="checkbox"/> For-profit Corporation | <input type="checkbox"/> Limited Liability Company |
| <input type="checkbox"/> Nonprofit Corporation | <input type="checkbox"/> Limited Partnership |
| <input type="checkbox"/> Professional Corporation | <input type="checkbox"/> Limited Liability Partnership |
| <input type="checkbox"/> Professional Association | <input type="checkbox"/> Cooperative Association |
| <input type="checkbox"/> Other | |

Specify type of entity. For example, foreign real estate investment trust, state bank, insurance company, etc.

4. The file number, if any, issued to the entity by the secretary of state is: 0803117130

5. The state, country, or other jurisdiction of formation of the entity is: DALLAS

6. The entity's principal office address is:

13349 N CENTRAL EXPY

Street or Mailing Address

DALLAS

TX

USA

75243

City

State

Country

Postal or Zip Code

Period of Duration

- ☒ 7a. The period during which the assumed name will be used is 10 years from the date of filing with the secretary of state.

OR

- ☐ 7b. The period during which the assumed name will be used is _____ years from the date of filing with the secretary of state (not to exceed 10 years).

OR

- ☐ 7c. The assumed name will be used until _____ (not to exceed 10 years)

mm/dd/yyyy

From: Tareq Salah

Fax: (214) 221-3773

To:

Fax: (512) 463-5709

Page 4 of 4 ~10/24/2018 11:57 AM

County or Counties in which Assumed Name Used

8. The county or counties where business or professional services are being or are to be conducted or rendered under the assumed name are:

☒ All counties

☐ All counties with the exception of the following counties: _____

☐ Only the following counties: _____

Execution


The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument and also certifies that the person is authorized to sign on behalf of the identified entity. If the undersigned is acting in the capacity of an attorney in fact for the entity, the undersigned certifies that the entity has duly authorized the undersigned in writing to execute this document.

Date: 10/24/2018

Laura Mooney

Laura Mooney

Signature of a person authorized by law to sign on behalf of the
identified entity (see instructions)

Form 201 Secretary of State P.O. Box 13697 Austin, TX 78711-3697 FAX: 512/463-5709 Filing Fee: \$300	 Certificate of Formation For-Profit Corporation	Filed in the Office of the Secretary of State of Texas Filing #: 803117130 09/13/2018 Document #: 836817220003 Image Generated Electronically for Web Filing	
Article 1 - Entity Name and Type			
The filing entity being formed is a for-profit corporation. The name of the entity is:			
AZ & Hiba Entertainment, Inc.			
<small>The name must contain the word "corporation," "company," "incorporated," "limited," or an abbreviation of one of these terms. The name must not be the same as, deceptively similar to or similar to that of an existing corporate, limited liability company, or limited partnership name on file with the secretary of state. A preliminary check for "name availability" is recommended.</small>			
Article 2 – Registered Agent and Registered Office			
<input type="checkbox"/> A. The initial registered agent is an organization (cannot be corporation named above) by the name of:			
OR			
<input checked="" type="checkbox"/> B. The initial registered agent is an individual resident of the state whose name is set forth below:			
Name: Laura Moonan			
C. The business address of the registered agent and the registered office address is:			
Street Address: 13349 N. Central Expwy Dallas TX 75234			
Consent of Registered Agent			
<input type="checkbox"/> A. A copy of the consent of registered agent is attached.			
OR			
<input checked="" type="checkbox"/> B. The consent of the registered agent is maintained by the entity.			
Article 3 - Directors			
The number of directors constituting the initial board of directors and the names and addresses of the person or persons who are to serve as directors until the first annual meeting of shareholders or until their successors are elected and qualified are set forth below:			
Director 1: Laura Moonan			
Address: 13349 N. Central Expwy. Dallas TX, USA 75243			
Article 4 - Authorized Shares			
The total number of shares the corporation is authorized to issue and the par value of each of such shares, or a statement that such shares are without par value, is set forth below.			
Number of Shares	Par Value (must choose and complete either A or B)	Class	Series
1	<input type="checkbox"/> A. has a par value of \$ <input checked="" type="checkbox"/> B. without par value.		
<small>If the shares are to be divided into classes, you must set forth the designation of each class, the number of shares of each class, and the par value (or statement of no par value), of each class. If shares of a class are to be issued in series, you must provide the designation of each series. The preferences, limitations, and relative rights of each class or series must be stated in space provided for supplemental information.</small>			
Article 5 - Purpose			
The purpose for which the corporation is organized is for the transaction of any and all lawful business for which corporations may be organized under the Texas Business Organizations Code.			
Supplemental Provisions / Information			
[The attached addendum, if any, is incorporated herein by reference.]			

Effectiveness of Filing
<input type="checkbox"/> A. This document becomes effective when the document is filed by the secretary of state.
OR
<input checked="" type="checkbox"/> B. This document becomes effective at a later date, which is not more than ninety (90) days from the date of its signing. The delayed effective date is: September 14, 2018
Organizer
The name and address of the organizer is set forth below. Laura Moonan 13349 N. Central Expwy. Dallas, TX 75243
Execution
The undersigned affirms that the person designated as registered agent has consented to the appointment. The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument and certifies under penalty of perjury that the undersigned is authorized under the provisions of law governing the entity to execute the filing instrument.
<u>Laura Moonan</u> Signature of organizer

FILING OFFICE COPY

191362867069



Comptroller
of Public
Accounts
FORM

05-102
(Rev.9-15/33)

Texas Franchise Tax Public Information Report

To be filed by Corporations, Limited Liability Companies (LLC), Limited Partnerships (LP),
Professional Associations (PA) and Financial Institutions

■ Tcode 13196 Franchise

■ Taxpayer number

3 2 0 6 8 3 7 9 7 1 1

■ Report year

2 0 1 9

You have certain rights under Chapter 552 and 559,
Government Code, to review, request and correct information
we have on file about you. Contact us at 1-800-252-1381.

Taxpayer name AZ & Hiba Entertainment, Inc.		<input type="checkbox"/> Blacken circle if the mailing address has changed.	
Mailing address 13349 N. Central Expway		Secretary of State (SOS) file number or Comptroller file number	
City Dallas	State TX	ZIP code plus 4 75243	080311730

☐ Blacken circle if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.

Principal office
Principal place of business

You must report officer, director, member, general partner and manager information as of the date you complete this report.

Please sign below!

This report must be signed to satisfy franchise tax requirements.



SECTION A Name, title and mailing address of each officer, director, member, general partner or manager.

3206837971119

Name Laura Moonan	Title President	Director <input checked="" type="radio"/> YES	Term expiration 1 2 3 1 1 9
Mailing address PO Box 814392	City Dallas	State TX	ZIP Code 75234
Name	Title	Director <input type="radio"/> YES	Term expiration m m d d y y
Mailing address	City	State	ZIP Code
Name	Title	Director <input type="radio"/> YES	Term expiration m m d d y y
Mailing address	City	State	ZIP Code

SECTION B Enter information for each corporation, LLC, LP, PA or financial institution, if any, in which this entity owns an interest of 10 percent or more.

Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership
Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership

SECTION C Enter information for each corporation, LLC, LP, PA or financial institution, if any, that owns an interest of 10 percent or more in this entity.

Name of owned (parent) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership
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Registered agent and registered office currently on file (see instructions if you need to make changes)

You must make a filing with the Secretary of State to change registered agent, registered office or general partner information.

Agent:	City	State	ZIP Code
Office:			

The information on this form is required by Section 171.203 of the Tax Code for each corporation, LLC, LP, PA or financial institution that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B and C, if necessary. The information will be available for public inspection.

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director, member, general partner or manager and who is not currently employed by this or a related corporation, LLC, LP, PA or financial institution.

sign here Laura Moonan	Title President	Date 2/7/19	Area code and phone number (972) 743-9550
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Texas Comptroller Official Use Only

05-102|(Rev.9-15/33)|13196|32068379711|2019|Mon May 13 2019 17:
43:47 GMT-0500 (Central Daylight Time)|9997|0|

VE/DE	<input type="radio"/>	PIR IND	<input type="radio"/>
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193649042016



05-102
(Rev. 9-15/33)

Revised

Texas Franchise Tax Public Information Report

To be filed by Corporations, Limited Liability Companies (LLC), Limited Partnerships (LP),
Professional Associations (PA) and Financial Institutions

■ Tcode 13196 Franchise

■ Taxpayer number

3 2 0 6 8 3 7 9 7 1 1

■ Report year

2 0 1 9

You have certain rights under Chapter 552 and 559,
Government Code, to review, request and correct information
we have on file about you. Contact us at 1-800-252-1381.

Taxpayer name AZ & HIBA ENTERTAINMENT, INC.			<input type="checkbox"/> Blacken circle if the mailing address has changed.		
Mailing address 13349 N. CENTRAL EXPWY.			Secretary of State (SOS) file number or Comptroller file number		
City DALLAS	State TX	ZIP code plus 4 75243	0803117130		

☐ Blacken circle if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.

Principal office 13349 N. CENTRAL EXPWY., DALLAS TX 75243
Principal place of business 13349 N. CENTRAL EXPWY., DALLAS TX 75243

You must report officer, director, member, general partner and manager information as of the date you complete this report.

Please sign below! This report must be signed to satisfy franchise tax requirements.



SECTION A Name, title and mailing address of each officer, director, member, general partner or manager.

3206837971119

Name BUSHRA SOHAIL	Title DIRECTOR	Director <input checked="" type="radio"/> YES	Term expiration	1	2	3	1	2	0
Mailing address 13349 N. CENTRAL EXPY.,	City DALLAS	State TX	ZIP Code 75243						
Name	Title	Director <input type="radio"/> YES	Term expiration						
Mailing address	City	State	ZIP Code						
Name	Title	Director <input type="radio"/> YES	Term expiration						
Mailing address	City	State	ZIP Code						

SECTION B Enter information for each corporation, LLC, LP, PA or financial institution, if any, in which this entity owns an interest of 10 percent or more.

Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership
Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership

SECTION C Enter information for each corporation, LLC, LP, PA or financial institution, if any, that owns an interest of 10 percent or more in this entity.

Name of owned (parent) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership
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Registered agent and registered office currently on file (see instructions if you need to make changes)			
Agent:			
Office:	City	State	ZIP Code

The information on this form is required by Section 171.203 of the Tax Code for each corporation, LLC, LP, PA or financial institution that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B and C, if necessary. The information will be available for public inspection.

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director, member, general partner or manager and who is not currently employed by this or a related corporation, LLC, LP, PA or financial institution.

sign here	Title DIRECTOR	Date 12/19/19	Area code and phone number (214) 315 - 6444
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Texas Comptroller Official Use Only



VE/DE	<input type="radio"/>	PIR IND	<input type="radio"/>
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05-102
(Rev. 9-15/33)

Revised

Texas Franchise Tax Public Information Report

To be filed by Corporations, Limited Liability Companies (LLC), Limited Partnerships (LP),
Professional Associations (PA) and Financial Institutions

■ Tcode 13196 Franchise

■ Taxpayer number

■ Report year

3 2 0 6 8 3 7 9 7 1 1

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You have certain rights under Chapter 552 and 559,
Government Code, to review, request and correct information
we have on file about you. Contact us at 1-800-252-1381.

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City DALLAS	State TX	ZIP code plus 4 75243	0803117130

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Principal place of business 13349 N. CENTRAL EXPWY., DALLAS TX 75243

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3206837971119

Name BUSHRA SOHAIL	Title DIRECTOR	Director <input checked="" type="radio"/> YES	Term expiration m m d d y y 1 2 3 1 2 0
Mailing address 13349 N. CENTRAL EXPY.,	City DALLAS	State TX	ZIP Code 75243
Name	Title	Director <input type="radio"/> YES	Term expiration m m d d y y
Mailing address	City	State	ZIP Code
Name	Title	Director <input type="radio"/> YES	Term expiration m m d d y y
Mailing address	City	State	ZIP Code

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SECTION C Enter information for each corporation, LLC, LP, PA or financial institution, if any, that owns an interest of 10 percent or more in this entity.

Name of owned (parent) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership
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Registered agent and registered office currently on file - see instruction: if you need to make changes.

You must make a filing with the Secretary of State to change registered
agent, registered office or general partner information.

Agent, Office:	City	State	ZIP Code
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The information on this form is required by Section 171.203 of the Tax Code for each corporation, LLC, LP, PA or financial institution that files a Texas Franchise Tax Report. Use additional
sheets for Sections A, B and C, if necessary. The information will be available for public inspection.

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has
been mailed to the person named in this report who is an officer, director, member, general partner or manager and who is not currently employed by this or a related corporation,
LLC, LP, PA or financial institution.

sign here	Title DIRECTOR	Date 12/19/19	Area code and phone number (214) 315-6444
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Texas Comptroller Official Use Only



VE/DE	<input type="radio"/>	PIR IND	<input type="radio"/>
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